

**Report of Federal/Other Financial Assistance
(Under \$200,000)
GS-7
Instructions**

The GS-7 form provides the Executive Budget Office (EBO) detailed information about a project's budget, personnel and funding information for project awards under \$200,000.

You may find the form on our website at <http://www.budget.sc.gov/EBO-grant-services.phtm>.

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| 1. <u>Type of Submission</u> | Check appropriate box, construction or non-construction. |
| 2. <u>Date Received by Agency</u> | Date funds were received by agency. |
| 3. <u>Date Awarded to Agency</u> | Date funds were awarded to agency. |
| 4. <u>SCEIS Grant Number</u> | Number created by agency for grant/project setup. |
| 5. <u>External Reference Number</u> | Actual grant award number issued by Federal agency. |
| 6. <u>Agency Information</u> | Agency name, complete address, organizational unit undertaking project, and name, email and telephone number of person who can provide further information about project. |
| 7. <u>Catalog of Federal Domestic Assistance Number</u> | Catalog of Federal Domestic Assistance (CFDA) number (if Federal funds). CFDA number may appear on award document. If not, contact appropriate cognizant Federal agency. You are responsible for correct CFDA number. |
| 8. <u>Title</u> | Title assigned to project under which assistance is awarded, if applicable. |
| 9. <u>Funding Agency</u> | Name of funding agency where funds originated. |
| 10. <u>Type of Application</u> | Check appropriate box. |
| <u>New</u> | Award for new project. |
| <u>Continuation</u> | Extension of additional funding/budget period for project. |
| <u>Revision</u> | Modification to project's nature or scope which may result in funding change (increase or decrease). If modified, enter appropriate letter(s) in box. |
| <u>Increase Award</u> | Increase in award amount. |
| <u>Decrease Award</u> | Decrease in award amount. |
| <u>Increase Duration</u> | Increase in funding time period. |
| <u>Decrease Duration</u> | Decrease in funding time period. |

<u>Other</u>	Use only if none of above is applicable and identify.
11. <u>Funding Period</u>	Start and end dates of funding cycle for project.
12. <u>Descriptive Title</u>	Brief title and/or appropriate description of project.
13. <u>Project Funding</u>	Amount awarded or to be contributed during first funding budget period by funding source. Value of In-Kind contributions should be included. If action is change in amount of funding for existing project (revision), indicate only the amount of change. For decrease, enclose amount in parentheses.
<u>Federal</u>	Amount of funding from Federal sources.
<u>State</u>	Amount of funding from State sources.
<u>Local</u>	Amount of funding from local government.
<u>Other</u>	Amount of funding from any other source.
<u>Total</u>	Sum of (a) through (d).
<u>Project Income</u>	Estimated amount of income, if any, expected to be generated. Do not add or subtract amount from total project amount.
14. <u>Personal Services</u>	Number of positions and funding in appropriate column.
<u>New Positions</u>	Must be within authorized headcount of agency to be established.
<u>Positions Continued</u>	Individuals already employed for particular purpose, but a percentage of work time is for project.
<u>Temporary Positions</u>	Individual working one (1) year or less.
<u>Temporary Grant Positions</u>	Non-FTE positions that perform work only for the period of the project. Once project funding period ends, position(s) no longer exist. State funds may only be used if considered a match to Federal project.
<u>Time-Limited Positions</u>	Non-FTE positions that perform work directly associated with time-limited project. Time-limited projects are specific work products or services provided by one State agency to another State agency, local government, or other public or private entity over a specified time period, such as a contractual arrangement.
<u>Total</u>	Sum of (a) through (e) in all columns.
15. <u>Indirect Cost Information</u>	Amount of Indirect Cost (IDC) claimed determined by most Recently approved Indirect Cost Rate (%). Rate must be applied to correct portion of budget. (i.e. Salary, wages, Total Direct Cost, etc.) Include explanation for use of IDC claimed.

- Agency IDC Rate Most recently approved Indirect Cost (IDC) Rate (%) for agency.
- Direct Base Provide IDC base that rate is applied to.
- Total IDC Remitted Indicate amount of IDC to be remitted to the General Fund.
16. State Appropriations Check appropriate box. Explain in detail how State funds will be made available.
17. State Funded Positions Check appropriate box. List only personnel to be paid from Federal or Other funds previously paid from State funds.
18. State Authorized Funds Check appropriate box. If State funds are to be used and not budgeted, attach explanation of action necessary to secure funds.
19. Agency Budget Plan Budget Plan submitted to EBO for current year includes Federal/ Other projects the agency anticipates receiving during fiscal year. If project was included, check YES and indicate amount projected.
20. Other Agencies Identify any State, local or regional agency and estimated amount of funding to be subgranted.
21. Signature Type name of authorized representative of submitting agency and title. Have authorized representative sign and date.